FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **Massachusetts**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Beth Waldman, Medicaid Director

(Signature of Agency Head)

SCHIP Program Name(s): MassHealth

SCHIP Program Type:

_____ SCHIP Medicaid Expansion Only
_____ Separate Child Health Program Only
X Combination of the above

Reporting Period: ***Federal Fiscal Year 2004*** *Note: Federal Fiscal Year 2004 starts 10/1/03 and ends 9/30/04.*

Contact Person/Title: **Robin Callahan, Director of Waiver and SCHIP Administration**

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Submission Date: **12/31/04**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., **[500]** are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

	SCHIP Medicaid Expansion Program					**Separate Child Health Program**				
Eligibility						**From**	0	% of FPL conception to birth	200	% of FPL
	From	185	% of FPL for **infants**	200	% of FPL	**From**	n/a	% of FPL for **infants**	n/a	% of FPL
	From	133	% of FPL for children ages **1 through 5**	150	% of FPL	**From**	150	% of FPL for 1 **through 5**	200	% of FPL
	From	114	% of FPL for children ages **6 through 17**	150	% of FPL	**From**	150	% of FPL for children ages **6 through 16**	200	% of FPL
	From	0	% of FPL for children ages **18**	150	% of FPL	**From**	150	% of FPL for children ages **17 and 18**	200	% of FPL

Is presumptive eligibility provided for children?		No		No
	X	Yes, for whom and how long? **For children with self-declared income ≤ 150% FPL for 60 days.**	**X**	Yes, for whom and how long? **For children with self-declared family income> 150% but ≤ 200%FPL for 60 days.**

Is retroactive eligibility available?		No		No
	X	Yes, for whom and how long? **All children, coverage begins 10 days prior to application.**	**X**	Yes, for whom and how long? **All children, coverage begins 10 days prior to application.**

Does your State Plan contain authority to implement a waiting list?	Not applicable	**X**	No
			Yes

Does your program have a mail-in application?		No		No
	X	Yes	**X**	Yes

Can an applicant apply for your program over the phone?		No		No
	X	Yes	**X**	Yes

Does your program have an application on your website that can be printed, completed and mailed in?		No		No
	X	Yes	X	Yes

Can an applicant apply for your program on-line?	X	*No	X	*No
	Yes – please check all that apply		Yes – please check all that apply	
		Signature page must be printed and mailed in		Signature page must be printed and mailed in
		Family documentation must be mailed (i.e., income documentation)		Family documentation must be mailed (i.e., income documentation)
		Electronic signature is required		Electronic signature is required
				No Signature is required
		* The virtual gateway is currently being piloted but is not yet available to all applicants.		* The virtual gateway is currently being piloted but is not yet available to all applicants.

Does your program require a face-to-face interview during initial application	X	No	X	No
		Yes		Yes

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	X	No	X	No
		Yes Note: this option requires an 1115 waiver Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6		Yes Note: Exceptions to waiting period should be listed in Section III, subsection Substitution, question 6
	Specify number of months		Specify number of months	

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	X	No	X	No
		Yes		Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	However, certain children may receive an additional 12 months for coverage, after an increase in income from earnings, under TMA.		**[1000]**	

Does your program require premiums or an enrollment fee?		No		No
	X	Yes	X	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	

	If yes, briefly explain fee structure in the box below	If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)
	[500]	$12 per child per month up to $36 per month

Does your program impose copayments or coinsurance?	**x**	No	**x**	No
		Yes		Yes

Does your program impose deductibles?	**X**	No	**X**	No
		Yes		Yes

Does your program require an assets test?	**X**	No	**X**	No
		Yes		Yes
	If Yes, please describe below		If Yes, please describe below	
	[500]		**[500]**	

Does your program require income disregards?	**X**	No	**X**	No
		Yes		Yes
			If Yes, please describe below	
			[500]	

Is a preprinted renewal form sent prior to eligibility expiring?		No **X**	**X**	No
	Yes, we send out form to family with their information pre-completed and		Yes, we send out form to family with their information pre-completed and	
		☐ We send out form to family with their information pre-completed and ask for confirmation		☐ We send out form to family with their information pre-completed and ask for confirmation ask for confirmation
		☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed

Comments on Responses in Table:

2. Is there an assets test in your Medicaid Program? ☐ Yes ☒ No
3. Is it different from the assets test in your separate child health program? **N/A** ☐ Yes ☐ No
4. Are there income disregards for your Medicaid program? ☐ Yes ☒ No
5. Are they different from the income disregards in your separate child health program? **N/A** ☐ Yes ☐ No

6. Is a joint application used for your Medicaid and separate child health program? [X] Yes [ ] No

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program		Separate Child Health Program	
	Yes	No Change	Yes	No Change
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)		X		X
b) Application		X		X
c) Benefit structure		X		X
d) Cost sharing (including amounts, populations, & collection process)		X		X
e) Crowd out policies		X		X
f) Delivery system		X		X
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)		X		X
h) Eligibility levels / target population		X		X
i) Assets test in Medicaid and/or SCHIP		X		X
j) Income disregards in Medicaid and/or SCHIP		X		X
k) Eligibility redetermination process		X		X
l) Enrollment process for health plan selection		X		X
m) Family coverage		X		X
n) Outreach (e.g., decrease funds, target outreach)		X		X
o) Premium assistance		X		X
p) Prenatal Eligibility expansion		X		X

q) Waiver populations (funded under title XXI)		X		X
Parents		X		X
Pregnant women		X		X
Childless adults		X		X

r) Other – please specify

a. **[50]**				
b. **[50]**				
c. **[50]**				

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Benefit structure	
d) Cost sharing (including amounts, populations, & collection process)	
e) Crowd out policies	
f) Delivery system	
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
h) Eligibility levels / target population	
i) Assets test in Medicaid and/or SCHIP	
j) Income disregards in Medicaid and/or SCHIP	
k) Eligibility redetermination process	

l) Enrollment process for health plan selection	
m) Family coverage	
n) Outreach	
o) Premium assistance	
p) Prenatal Eligibility Expansion	
q) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
r) Other – please specify	
a. **[50]**	
b. **[50]**	
c. **[50]**	

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three sub sections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

Please note that the numbers in brackets, e.g., [500] are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four child health measures and three adult measures:

Child Health Measures
- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

Adult Measures
- Comprehensive diabetes care (hemoglobin A1c tests)
- Adult access to preventive/ambulatory health services
- Prenatal and postpartum care (prenatal visits)

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

The table should be completed as follows:

Column 1: If you cannot provide a specific measure, please check the boxes that apply to your State for each performance measure, as follows:
- Population not covered: Check this box if your program does not cover the population included in the measure. For example, if your State does not cover adults under SCHIP, check the box indicating, "population not covered" for the three adult measures.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Not able to report due to small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is **less than 30**. If the sample size is less 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Column 2: For each performance measure listed in Column 1, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2004).

Column 3: For each performance measure listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please also note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, etc. and an explanation for changes from the baseline. Note: you do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

NOTE: **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.**

Measure	Measurement Specification	Performance Measures and Progress
Well child visits in the first 15 months of life Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2004** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data, medical records Definition of Population Included in Measure: Members who turned 15 months old during the measurement year and who were continuously enrolled from 31 days to 15 months of age with no more than one gap in enrollment of up to 45 days. Baseline / Year: **2001** (Specify numerator and denominator for rates) 61.9% of members had 6 or more well-child visits in their first 15 months of life. Performance Progress/Year: **2003** (Specify numerator and denominator for rates) 67.7% of members had 6 or more well-child visits in their first 15 months of life. Explanation of Progress: Other Comments on Measure:

Measure	Measurement Specification	Performance Measures and Progress
Well child visits in children the 3rd, 4th, 5th, and 6th years of life Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2004** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data, medical records Definition of Population Included in Measure: Members aged 3 to 6 years old as of December 31 of the measurement year and who were enrolled as of December 31 of the measurement year with no more than one gap of enrollment of up to 45 days. Baseline / Year: **2001** (Specify numerator and denominator for rates) 75.3% of members had a well-child visit Performance Progress/Year: **2003** (Specify numerator and denominator for rates) 80.9% of members had a well-child visit Explanation of Progress: Other Comments on Measure:
Use of appropriate medications for children with asthma Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2004** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data Definition of Population Included in Measure: Members with a diagnosis of persistent asthma who were aged 5 to 56 years old as of December 31 of the measurement year and who were enrolled as of December 31 of the measurement year with no more than one gap of enrollment of up to 45 days. Baseline / Year: **2000** (Specify numerator and denominator for rates) Percentage of members who were appropriately prescribed medication: Ages 5-9 yrs: 55.7% Ages 10-17 yrs: 55.9% Ages 18-56 yrs: 60.7% Ages 5-56 yrs: 58.8%

Measure	Measurement Specification	Performance Measures and Progress
		Performance Progress/Year: **2003** (Specify numerator and denominator for rates) Percentage of members who were appropriately prescribed medication: Ages 5-9 yrs: 68.5% Ages 1-17 yrs: 65.8% Ages 18-56 yrs: 61.7% Ages 5-56 yrs: 63.8% Explanation of Progress: Other Comments on Measure:
Children's access to primary care practitioners Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2004** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data Definition of Population Included in Measure: Members aged 12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years. Members aged 12 months to 6 years must have been continuously enrolled during the measurement year with no more than one gap of enrollment of up to 45 days. Members aged 7 to 19 years must have been continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap of enrollment of up to 45 days each year. Baseline / Year: **2001** (Specify numerator and denominator for rates) Percentage of members who had at least one visit with a primary care practitioner in 2001: 12-24 mo: 92.9% 25mo-6yr: 89.2% 7yr-11yr: 94.9% 12yr-19yr: Not Applicable (rate was new for HEDIS 2004) Performance Progress/Year: **2003** (Specify numerator and denominator for rates) Percentage of members who had at least one visit with a primary care practitioner in 2003: 12-24 mo: 95.1% 25mo-6yr: 91.8% 7yr-11yr: 95.9% 12yr-19yr: 93.8%

Measure	Measurement Specification	Performance Measures and Progress
		Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
Adult Comprehensive diabetes care (hemoglobin A1c tests) Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2004** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data, medical records Definition of Population Included in Measure: Members with diabetes aged 18-75 as of December 31 of the measurement year who are enrolled as of December 31 of the measurement year and have no more than one gap of enrollment of up to 45 days. Baseline / Year: **2001** (Specify numerator and denominator for rates) 81.6% of members had one or more a hemoglobin A1c tests in 2001. Performance Progress/Year: **2003** (Specify numerator and denominator for rates) 86.8% of members had a one or more hemoglobin A1c tests in 2003. Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
Adult access to preventive/ambulatory health services Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: **x** Other	□ HEDIS Specify version of HEDIS used: □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Baseline / Year: (Specify numerator and denominator for rates) **[500]**

Measure	Measurement Specification	Performance Measures and Progress
Explain: Measure is scheduled for collection in 2005. In previous years, adult access to preventive and ambulatory health care services was not among the prioritized areas for performance measurement by MassHealth.		Performance Progress/Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
Adult Prenatal and postpartum care (prenatal visits): x **Coverage for pregnant women over age 19 through a demonstration** x **Coverage for unborn children through the SCHIP state plan** x **Coverage for pregnant women under age 19 through the SCHIP state plan** Not Reported Because: □ Population not covered □ Data not available Explain: □ Not able to report due to small sample size (less than 30) Specify sample size: □ Other Explain: **[500]**	**x** HEDIS Specify version of HEDIS used: **2003** □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): Claims and encounter data, medical record. Definition of Population Included in Measure: Members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were enrolled on the delivery date and were continuously enrolled from 43 days prior to the delivery through 56 days after the delivery. Baseline / Year: **2000** (Specify numerator and denominator for rates) 45.6% of members received 81% or more of their expected prenatal visits. Performance Progress/Year: **2002** (Specify numerator and denominator for rates) 65.4% of members received 81% or more of their expected prenatal visits. Explanation of Progress: **[700]** Other Comments on Measure: **[700]**

SECTION IIB: ENROLLMENT AND UNINSURED DATA

1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2003	FFY 2004	Percent change FFY 2003-2004
SCHIP Medicaid Expansion Program			
Separate Child Health Program			

   A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Massachusetts' SCHIP Medicaid Expansion program is administered as part of the MassHealth program, specifically through the MassHealth Standard Coverage type. The SCHIP and Medicaid program are integrated seamlessly within MassHealth Standard. MassHealth Standard only grew by 3% between 2003 and 2004. However, the proportion of MassHealth Standard members who were eligible for SCHIP grew from 15% to 20%. This higher proportion of SCHIP eligibility combined with the normal program growth rate account for the high rate of growth of Massachusetts' SCHIP Medicaid Expansion program.

2. Three-year averages in the number and/or rate of uninsured children in each state based on the Current Population Survey (CPS) are shown in the table below, along with the percent change between 1996-1998 and 2001-2003. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FY 2004 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996-1998	**70**	**15.5**	**4.6**	**1.0**
1997-1999	**68**	**15.1**	**4.4**	**1.0**
2000-2002	**40**	**9.9**	**2.6**	**0.7**
2001-2003	**47**	**10.9**	**3.1**	**0.7**
Percent change 1996-1998 vs. 2001-2003	**-32.9%**	NA	**-32.9%**	NA

A. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

- The CPS is a labor market survey, and not designed to measure the rate of health insurance coverage. These questions come three quarters of the way through a long and complex series of questions when respondent fatigue is high. The state sponsored survey was specifically designed to generate valid and reliable health insurance coverage estimates.

- The CPS is based on the previous twelve months of time. The CPS data released today is based on the time period March 2002 through March 2003.

- The CPS is a "residual" estimate for the entire previous year. The CPS did improve on this residual methodology by adding a confirming health insurance coverage question starting in 2000.

- The state survey is a "point-in-time" estimate. Respondents answer the state sponsored survey for their current insurance status (in the field February 2004 through August 2004). Experts do not agree on what timeframe the CPS survey measures (point in time vs. entire year's insurance status vs. part of the year).

- The CPS estimates insurance status for missing data using a mix of national averages. This disproportionately affects Massachusetts data due to our generous Medicaid program and our higher than average employer offered insurance base. This is a very complex and highly important issue that many believe makes up a large percentage of the discrepancy between CPS and state sponsored survey estimates.

3. If your State has an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please report in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	2004 Massachusetts Survey of Health Insurance Status (biannual), on behalf of the Massachusetts Division of Health Care Finance and Policy by the Center for Survey Research at UMass-Boston.
Reporting period (2 or more points in time)	1998, 2000, 2002, 2004
Methodology	The methodology used for the 2004 survey was similar to that used in the previous surveys. The same basic survey questionnaire with modifications was used. A few questions were refined, added or deleted based on feedback received from prior surveys and public policy needs. There are two major differences in the 1998 survey compared to surveys undertaken after 1998. First, after 1998, only “random digit dial” (RDD) telephone interviews, where the sample is drawn from telephone listings, were conducted. The 1998 survey also included an “area probability sample” (APS) or field survey. This field survey was based on a sample drawn from randomly selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the estimate of the state uninsured percent or other factors. As the results were similar and it is quite expensive to conduct a survey using the APS methodology, a decision was made to conduct future surveys exclusively using the RDD methodology. Second, the 2000 and 2002 surveys include a survey of additional

	households in five urban areas in order to develop valid estimates of the percent uninsured and identify characteristics of the uninsured in these urban areas. The five urban areas are: Boston, Springfield, Worcester, Lowell/Lawrence and New Bedford/Fall River. The 2004 survey did not include an additional survey of urban areas. However, the sample size was increased to 4725 households, nearly 12,000 individuals. This was a significant increase over the 2625 households interviewed in the previous surveys. The data was collected from February 2004 through the first week of August 2004. The overall response rate was 60.4%, comparable to the previous three surveys. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey design is a simple stratified sample by five regional areas in the state. There were two areas with major survey question changes. One was adding a question to clarify someone's source of insurance. The second change was to clarify estimates of household income. The survey was designed to provide information on both the uninsured and insured populations. The questionnaire is divided into four parts. The first part, the screener section, asks for basic information on all household members, including whether or not each household member has health insurance coverage. The insured section asks detailed questions of the insured, the uninsured section asks detailed questions of the uninsured and a special section pertaining primarily to pharmacy coverage asks some specific questions of the population ages 65 or older. All households respond to the screener section and then continue to one or more sections as applicable. The questionnaire is available in both English and Spanish. Survey question responses are weighted in order to produce accurate population estimates. The weights adjust for design features of the sample. Some of these design features include: the sampling methodology, if the unit of interest is individual level or household level, and non-response.
Population	See methodology section
Sample sizes	See methodology section
Number and/or rate for two or more points in time	1998 – 6.3% 2000 – 3.0% 2002 – 3.2% 2004 – 3.2%
Statistical significance of results	The results for 2004 are not statistically significant from the results from 2002.

A. Please explain why the state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

See answer to question 2A: CPS data deemed inadequate.

B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

The State deems the DHCFP survey to be more reliable than CPS data, for the reasons detailed in the question above. The range for the 0-18 age group was 2.6-3.8%.

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to

derive this information. ***(States with only a SCHIP Medicaid Expansion Program should skip this question)***

MassHealth's outreach activities do not specifically target the SCHIP population, but all children eligible for MassHealth; therefore, MassHealth cannot estimate the number of children enrolled in Medicaid through these activities.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

In the table below, summarize your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Use additional pages as necessary. **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.** The table should be completed as follows:

Column 1: List your State's general strategic objectives for your SCHIP program and indicate if the strategic objective listed is new/revised or continuing. If you have met your goal and/or are discontinuing a strategic objective or goal, please continue to list the objective/goal in the space provided below, and indicate that it has been discontinued, and provide the reason why it was discontinued. Also, if you have revised a goal, please check "new/revised" and explain how and why it was revised.

Note: States are required to report objectives related to reducing the number of uninsured children. (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3 Section IIB. Progress towards reducing the number of uninsured children should be reported in this section.)

Column 2: List the performance goals for each strategic objective. Where applicable, provide the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®).

Column 3: For each performance goal listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the methodology used; the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, or the like.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	**(2) Performance Goals for each Strategic Objective**	**(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)**
Objectives Related to Reducing the Number of Uninsured Children *(Mandatory for all states for each reporting year) (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3.)*		
□ New/revised **X** Continuing □ Discontinued Explain: Expand access to health coverage for low-income children in the Commonwealth.	Goal #1: Reduce the number of uninsured children in the commonwealth.	Data Source(s): Division of Health Care Finance and Policy (DHCFP) Survey on Health Insurance Status and Current Population Survey (CPS) Definition of Population Included in Measure: **[700]** Methodology: Decrease the ratio of uninsured children to insured children from 2:3 to 1:9. Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Explanation of Progress: DHCFP estimated the ratio at 1:30 in their 2004 survey of Health Insurance Status. The CPS March 2003 Supplement estimates the ratio at 1:11. Both estimates indicate that Massachusetts is currently exceeding the state objective. Other Comments on Measure: **[700]**
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #2: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #3: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**

Objectives Related to SCHIP Enrollment

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
□ New/revised X Continuing □ Discontinued Explain: **[500]**	Goal #1: Continue to increase participation in the MassHealth Family Assistance premium assistance program.	Data Source(s): Premium Assistance Summary by Plan Enrollment Snapshot Report Definition of Population Included in Measure: **[700]** Methodology: **[500]** Measure 1: Comparison of children enrolled in Family Assistance Premium Assistance (FA/PA) with those enrolled in Family Assistance Direct Coverage (FA/DC). Measure 2: Comparison of those in FA/PA who came in insured with those who came in uninsured. Measure 3: Comparison of those in FA/PA who came in uninsured with access to Employer Sponsored Insurance (ESI) and met Title XXI requirements with those who came in uninsured with access to ESI and met 1115 waiver requirements. Baseline / Year: (Specify numerator and denominator for rates) Performance Progress / Year: (Specify numerator and denominator for rates) Numerator: Measure 1: Children in FA/PA as of September 30, 2004 =**4,711** Measure 2: Children in FA/PA who came in uninsured as of September 30, 2004 = **2,547** Measure 3: Children in FA/PA who came in uninsured and met Title XXI requirements as of September 30, 200= **2,067** Denominator: Measure 1: Children in FA/DC as of September 30, 2004 = **18,699** Measure 2: Children in FA/PA who came in insured as of September 30, 2004 = **2,164** Measure 3: Children in FA/PA who came in uninsured and met 1115 waiver requirements as of September 30, 2004 = **480** Explanation of Progress: **[700]** Measure 1: **4,711**children are in FA/PA as of September 30th. An additional **18,699** are in FA/DC. Approximately 20% of children in Family Assistance are in PA. Measure 2: **2,547**children in FA/PA came in uninsured. **2,164** of children in FA/PA came in insured. Approximately 54% of children came in uninsured. Measure 3: **2,067**children met Title XXI requirements for access to ESI. **480** children met the 1115 waiver requirement for access to ESI. Approximately 81% of the uninsured children enrolled in FA/PA were enrolled through the Title XXI requirement. Other Comments on Measure: **[700]**

□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #2: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #3: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
Objectives Related to Medicaid Enrollment		
□ New/revised X Continuing □ Discontinued Explain: Improve the efficiency of the eligibility determination process.	Goal #1: Develop a streamlined eligibility process by eliminating certain verifications.	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Collapsing enrollment for safety-net. Unified application process for uncompensated care pool users, Healthy Start, and the Children's Medical Security Plan. Other Comments on Measure: **[700]**
□ New/revised X Continuing □ Discontinued Explain:	Goal #2: Develop a fully automated eligibility determination process.	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
[500]		Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** During SFY04 the Commonwealth prepared for implementation of the first release of a new Virtual Gateway to the Executive Office of Health and Human Services (EOHHS). This web portal, which is integrated with the overall Mass.Gov site, is a comprehensive streamlining of information and transactions relating to Health and Human Services. This release will provide the tools for the public to inquire into eligibility for health and nutrition programs, and for providers to sign people up, over the Internet, using one electronic form, for nine different health and nutrition programs—including MassHealth, Food Stamps, WIC, and others. An annual series of releases is planned to further extend these capabilities. Other Comments on Measure: **[700]**
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #3: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
□ New/revised □ Continuing	Goal #1:	Data Source(s): **[500]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
□ Discontinued Explain: **N/A** **[500]**	□ HEDIS Specify version of HEDIS used: □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain: **[7500]**	Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #2: □ HEDIS Specify version of HEDIS used: □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #3: □ HEDIS Specify version of HEDIS used: □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain:	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	[7500]	Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	**(2) Performance Goals for each Strategic Objective**	**(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)**
□ New/revised X Continuing □ Discontinued Explain: Improve the health status and well being of children enrolled in MassHealth direct coverage programs, which includes the Primary Care Clinician (PCC) and Managed Care organization (MCO) Plans.	Goal #1: Improve the delivery of well-child care by measuring the number of well-child care visits and implementing improvement activities as appropriate. X HEDIS Specify version of HEDIS used: Refer to Core Performance Measures □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: X Other Explain: CMS 416 Report	Data Source(s): Claims Definition of Population Included in Measure: Children enrolled in MassHealth Standard Methodology: CMS Directive - participation ratio which compares the number of children and adolescents who were due to receive a well-child visit within the reporting period with the number of who actually attended a visit. Baseline / Year: (Specify numerator and denominator for rates): 66% FFY02 Numerator – Number of MassHealth children enrolled who had a well-child visit in accordance with the EPSDT Medical Protocol and Periodicity Schedule. Denominator – Number of MassHealth Standard Children enrolled in FFY 03 adjusted for length of eligibility. Performance Progress / Year: (Specify numerator and denominator for rates) 71 % FFY03 (See Above)

		Explanation of Progress: (1)MassHealth has continued to utilize the Massachusetts Health Quality Partners "Recommendations for Pediatric Preventive Care" as its standard for well-child care for all providers. These Guidelines have been widely distributed and adapted as wall posters, a condensed desktop version, pocket cards, and web resources. They have been included in member and provider newsletters, as have multiple articles relating to the timing, importance of and reasons for accessing well-child care. (2) Continued to produce linguistically and culturally appropriate materials related to well-child care to support providers and members. (3)Continued to work on the MassHealth Adolescent Anticipatory Guidance Public Awareness Campaign (MAAGPAC) in an effort to increase adolescent well-child care visit rates by distributing Toolkits to community providers of teen services to support their efforts to encourage teens to seek care. (4) A combined Maternal Child Workgroup consisting of representatives of all MCOs, the PCC Plan, the Department of Public Health and other related groups continued to share best practices and utilized their resources to implement joint projects. (5) Coordinated with other agencies of the Executive Office of Health and Human Services and advocacy groups such as the Childhood Lead Poisoning Prevention Program, WIC, Early Intervention, First Link and EI Partnerships, Children's Trust Fund and the Consortium for Children with Special Health Care Needs. (6) Implemented a data sharing agreement with WIC utilizing shared data to identify and notify MassHealth members who are not WIC participants regarding WIC eligibility and enrollment process/benefits. (7) Participated in the CMS Health Start/Grow Smart booklet distribution to all new mothers for the first year of their babies' life, promoting and educating parents about normal and expected growth and development. Other Comments on Measure: **[700]**
□ New/revised X Continuing □ Discontinued Explain: **[500]**	Goal #2: Improve the immunization rates by measuring the rate of immunization administration and implement improvement activities as appropriate X HEDIS Specify version of HEDIS used: Childhood/Adolescent Immunization Status	Data Source(s): Claims and encounter data, medical records. Definition of Population Included in Measure: Childhood Immunization: Members who turned two years old during the measurement year who were continuously enrolled for 12 months immediately preceding their second birthday. Adolescent Immunization: Members who turned 13 years old during the measurement year who were continuously enrolled for 12 months immediately prior to their 13th birthday.

	□ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain: **[7500]**	Methodology: Childhood Immunization: Eligible members who had four DtaP/DT, three IPV, one MMR, three H influenza type B, and three hepatitis B (Combination 1) vaccines and all these vaccines and at least one VZV (Combination 2) by the time period specified and by the child's second birthday. Adolescent Immunization: Eligible members who had a second dose of MMR and three hepatitis B vaccines (Combination 1) and all these vaccines and one VZV (combination 2) by the member's 13th birthday. Baseline / Year: (Specify numerator and denominator for rates) Childhood Immunization: Combination 1 - 72.5% and Combination 2 – 66.8% for 2001. Adolescent Immunization: Combination 1 – 64.4% and Combination 2 – 48.5% for 2001. Performance Progress / Year: (Specify numerator and denominator for rates) Childhood Immunization: Combination 1 - 76.1% and Combination 2 – 72.8% for 2003. Adolescent Immunization: Combination 1 - 79.0% and Combination 2 – 66.8% for 2003.

		Explanation of Progress: (1) Participated as a mentoring state in the Government Performance Results Act (GPRA) for immunization rate improvement. Although formal measurement activities have ended, MassHealth staff has continued to participate in the group to assist with information sharing and conveying lessons learned from the project in MA. (2)Continued to work closely with the Massachusetts Department of Public Health Immunization Program, to implement the activities outlined in an Interagency Service Agreement. These activities include sharing of the Immunization Assessment of MassHealth providers completed by the MIP in order to implement QI efforts with the MCOs and the PCC Plan as well as the annual distribution of the MDPH Immunization Guidelines to providers. (3)Continued to collaborate with the Massachusetts Health Quality Partners (MHQP) in the revision and distribution of the "Recommendations for Preventive Pediatric Care" to all providers. These Guidelines have been widely distributed and adapted as wall posters, a condensed desktop version, pocket cards and web resources and include the MA Immunization schedule. (4) Participated in the Massachusetts Chapter of the American Academy of Pediatrics Immunization Initiative and worked with the pediatricians to institute a more uniform billing/coding system amongst the various insurers. (5)Continued to distribute a booklet jointly prepared by MassHealth and its contracted MCOs, the MDPH Immunization Program, and UMass Center for Health Policy and Research, entitled "Best Practices to Prevent Missed Opportunities in Childhood Immunization". Other Comments on Measure: **[700]**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
□ New/revised □ Continuing □ Discontinued Explain: **[500]**	Goal #3: □ HEDIS Specify version of HEDIS used: □ HEDIS-Like Explain how HEDIS was modified: Specify version of HEDIS used: □ Other Explain: **[7500]**	Data Source(s): **[500]** Definition of Population Included in Measure: **[700]** Methodology: **[500]** Baseline / Year: (Specify numerator and denominator for rates) **[500]** Performance Progress / Year: (Specify numerator and denominator for rates) **[7500]** Explanation of Progress: **[700]** Other Comments on Measure: **[700]**

1. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found? **[7500]**

As MassHealth members, SCHIP eligible children are included in various MassHealth quality activities. MassHealth conducted Clinical Topic Reviews in 2002 and calculated HEDIS indicators in 2004 in the area of child immunization, adolescent immunization, and asthma in children. The 2004 HEDIS indicators also included well child care indicators. In 2003, MassHealth conducted a Clinical Topic Review in the area of perinatal care. Copies of the Clinical Topic Review reports are available upon request. The 2004 Clinical Topic Review examined women's health issues, which included adolescent female beginning at age 11.

MassHealth conducted its biennial (CAHPS) member satisfaction survey in 2004 as well. Final reports for the 2004 Clinical Topic Review, HEDIS, and CAHPs are due in FY05.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available? **[7500]**

MassHealth plans to continue monitoring access and quality through its member survey and Clinical Topic Reviews. Specifically, MassHealth is considering a combination survey and medical record review project for its 2005 Clinical Topic Review that will assess how well it promotes healthy development in young children.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found? **[7500]**

Please see response to question 1 above.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings. **[7500]**

Copies of the 2002 and 2003 Clinical Topic Review reports are available upon request. Copies of the 2004 HEDIS report, 2004 Clinical Topic Review reports and CAHPS member satisfaction survey report are due in FY05.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

Please note that the numbers in brackets, e.g., **[7500]** are character limits in the State Annual Report Template System (SARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

   MassHealth is moving to technical access points for outreach. MassHealth will be using an online application process called the virtual gateway. The goal of the Virtual Gateway is to provide a single point of intake, eligibility screening, and referral services for applicants. This allows potential applicants of health and human services in the Commonwealth, either directly through the web or with assistance from a health and human services agency or patient-accounts staff person, to obtain information and to gain access to available HHS programs. In addition, providers will also be able to track electronically submitted applications.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **[7500]**

   Massachusetts continues as a Robert Wood Johnson Foundation Covering Kids' site, collaborating with Health Care for All. MassHealth also continues to work with the medical community including the Massachusetts Hospital Association, the Massachusetts Medical Society and the American Academy of Pediatrics to promote the MassHealth program. Providers are encouraged to participate in training sessions on MassHealth and are supplied with enrollment kits titled "What to do when an Uninsured Child Shows up at your Door."

   To support member education efforts, MassHealth continued to provide funding for the Health Access Networks (HANs). HANs were developed in partnership with the University of Massachusetts Medical School's Area Health Education Center (AHEC) as a forum to share information, strategies and experiences on effective member education practices. HANs have been established in each of the six regional areas and continued to meet monthly during SFY04. MassHealth Operations continues to fund this effort as MassHealth Technical Forums. The meetings currently promote information dissemination, sharing of best practices, and building of community/public sector linkages to increase targeted outreach and member education information about MassHealth.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

   Outreach activities include print, TV, and radio advertisements to the Latino, Portuguese, Cambodian, Russian, and Chinese communities. MassHealth also continues to sponsor a program on the local Spanish speaking television network. MassHealth continues to translate materials into Spanish, Portuguese, Chinese, Vietnamese, Haitian Creole, Russian, Cambodian, Laotian, French, and Arabic.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted? Yes _____ No **X**_____

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions? Yes __X___ No _____

   If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

If a child appears to have access to health insurance through an employer, MassHealth conducts a health insurance investigation to determine if the insurance meets MassHealth standards and is cost-effective. If there is access to qualified health insurance coverage, the children will be eligible for premium assistance toward the cost of their employer-sponsored insurance.

All States must complete the following 3 questions

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies. **[7500]**

See question #2 above.

4. At the time of application, what percent of applicants are found to have insurance? **[7500]**

Approximately 13.3% of applicants had insurance at the time of application. For those with qualifying insurance enrolled in premium assistance, MassHealth receives the standard Medicaid match rather than the enhanced SCHIP match.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

Because MassHealth requires that those with employer-sponsored insurance that is cost-effective and meets the basic benefit level to purchase that insurance, there is no substitution.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. The redetermination procedures are the same for all children.

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. As long as the child remains eligible for MassHealth, movements among categories of assistance are seamless to the member.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

   MassHealth does not differentiate between children enrolling in MassHealth and children enrolling in MassHealth due to SCHIP eligibility. All children enrolled in MassHealth have access to the same delivery systems.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

_____ • Conducts follow-up with clients through caseworkers/outreach workers

• Sends renewal reminder notices to all families

  ▪ How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

X Initial notice with 60 days to respond. After 60 days the termination letter is sent with 15 days to respond.

_____

  ▪ At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)

Initial notice with 60 days to respond. After 60 days the termination letter is sent with 15 days to respond.

_____

• Sends targeted mailings to selected populations

  ▪ Please specify population(s) (e.g., lower income eligibility groups) **[500]**

_____

• Holds information campaigns.

X MassHealth provides funding for the Health Access Networks (HANs). HANs were developed in partnership with the University of Massachusetts Medical School's Area Health Education Center (AHEC) as a forum to share information, strategies and experiences on effective Member Education practices. MassHealth Operations continues to fund this effort as MassHealth Technical Forums. The meetings currently promote information dissemination, sharing of best practices, and building of community/public sector linkages to increase targeted outreach and member education information about MassHealth.

_____

• Provides a simplified reenrollment process, *please describe* efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]**

X The state has employed a combined Medicaid/SCHIP application and renewal form. The reenrollment form is simpler and eliminates questions not subject to change. In addition, MassHealth distributes bilingual publications to its members designed to provide members with current plan information. Members are also provided with a member handbook that is designed to assist members in understanding their rights and responsibilities as members, and how to access care within MassHealth.

_____

_____ • Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment, *please* describe: **[500]**

_____ • Other, *please explain* **[500]**

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

Renewal reminder notices have been effective.

3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

   Yes

   No **X** Due to the nature and complexity of the administrative data, this type of analysis has not been undertaken.

   When was the monthly report or assessment last conducted? **N/A**

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **N/A**

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. **N/A**

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

The State is currently developing a quarterly report which will analyze the effects of premiums on the MassHealth caseload since their inception, including disenrollment, churning, and members utilizing hardship waivers and payment plans.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

The State has not increased or decreased cost sharing in the past federal fiscal year.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

Yes ___X__ please answer questions below.

No _____ skip to Section IV.

Children

_X_ Yes, Check all that apply and complete each question for each authority.
_X_ Premium Assistance under the State Plan
____ Family Coverage Waiver under the State Plan
____ SCHIP Section 1115 Demonstration
____ Medicaid Section 1115 Demonstration
____ Health Insurance Flexibility & Accountability Demonstration
____ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

_X_ Yes, Check all that apply and complete each question for each authority.
____ Premium Assistance under the State Plan (Incidentally)
____ Family Coverage Waiver under the State Plan
____ SCHIP Section 1115 Demonstration
_X_ Medicaid Section 1115 Demonstration
____ Health Insurance Flexibility & Accountability Demonstration
____ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

_X_ Parents and Caretaker Relatives

_X_ Childless Adults

3. Briefly describe your program (including current status, progress, difficulties, etc.) **[7500]**

The MassHealth Family Assistance Premium Assistance program is designed to make employer sponsored insurance (ESI) affordable to low-income workers. Premium Assistance offers subsidies, on behalf of eligible MassHealth members to help low-wage workers pay their share of ESI for child(ren). MassHealth requires that the ESI meet the following minimum requirements: the employers must contribute at least 50% to the cost of the health insurance premium, the offered plan must meet the basic benefit level, and providing premium assistance must be cost effective for the Commonwealth. In order to meet the cost sharing requirements, out of pocket expenses to the member cannot exceed 5% of the family's income.

4. What benefit package does the program use? **[7500]**

Secretary approved per the state plan amendment approved in March 2002.

5. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

No

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

* Number of adults ever-enrolled during the reporting period

* Number of children ever-enrolled during the reporting period

*MassHealth does not maintain the data in the format requested above. However, as of September 30, 2004, 2,067 children were enrolled in FA/PA and met the Title XXI requirements. MassHealth continues to estimate that an additional 1.5 adults per child are covered by default.

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured? **[7500]**

See Substitution of Coverage Section.

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced? **[7500]**

Maintenance of information about members continues to be a challenge. We need to constantly keep up-to-date on whether the member is still employed and has access to insurance, what insurance plan the member is enrolled in, what the employer contribution to the insurance is, and what the new rates for insurance are each year so that we can make accurate premium assistance payments.

9. During the reporting period, what accomplishments have been achieved in your premium assistance program? **[7500]**

We continue to increase enrollment. We are utilizing more automated methods to verify insurance and keep up with the many changes that occur.

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

No specific programmatic changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured? **[7500]**

While children are the primary beneficiaries of the program, adults also benefit by obtaining access to health insurance by default. MassHealth purchases the family plan from the employer to cover the children and parents are then covered as well.

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured? **[7500]**

MassHealth has not estimated the impact of premium assistance on enrollment and retention of children.

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.) [7500]**

N/A

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period = Federal Fiscal Year 2003 starts 10/1/02 and ends 9/30/03. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2004**	**2005**	**2006**
Insurance payments	$2,500,000	$2,875,000	$3,306,250
Managed Care	$66,095,851	$76,010,228	$87,411,763
per member/per month rate @ # of eligibles			
Fee for Service	$111,083,103	$127,745,569	$146,907,404
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	**$179,678,954**	**$206,630,797**	**$237,625,416**

Administration Costs			
Personnel			
General Administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/Marketing costs			
Other **[500]**			
Health Services Initiatives			
Total Administration Costs	$3,547,622	$4,079,765	$4,691,729
10% Administrative Cap (net benefit costs ÷ 9)	$19,964,328	$22,958,977	$26,402,824

Federal Title XXI Share	$119,097,274	$136,961,865	$157,506,145
State Share	$64,129,301	$73,748,697	$84,811,001

TOTAL COSTS OF APPROVED SCHIP PLAN	$183,226,575	$210,710,562	$242,317,146

2. What were the sources of non-Federal funding used for State match during the reporting period?

X State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations
_____ Tobacco settlement
_____ Other (specify) **[500]**

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

N/A to Massachusetts

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

4. Please provide budget information in the following table. *Note: This reporting period (Federal Fiscal Year 2003 starts 10/1/02 and ends 9/30/03).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2004**	**2005**	**2006**	**2007**	**2008**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					

Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3 (e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4 (e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)* **[500]**					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[7500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

During the reporting period, the Commonwealth continued to face a significant budget crisis. Despite this, the MassHealth program remained largely intact. Although some cost cutting measures were necessary, they were made while placing a priority on preserving eligibility to the extent possible.

Surveys conducted during SFY04 by the Division of Health Care Finance and Policy (DHCFP) and the Current Population Survey (CPS) conducted by the Bureau of the Census were compared, as in previous years. It should be noted that differences in design, methodology, and timing of these surveys account for different results. In previous years, while there were discrepancies between the surveys in the magnitude of the uninsured found in the state, there was concurrence in trends in the rate of uninsurance, which had been moving downward. However, in 2004 the DHCFP began to see an increase in the number of uninsured in the state. Additionally, CPS has identified an increase in the total number of uninsured.

Based on DHCFP's biannual survey conducted in 2004, the percent of uninsured increased slightly from the 2002 survey results. Children ages 0–18 continue to have the lowest rate of uninsurance at 3.2% (the same rate as reported in 2002). In March 2004, the CPS found that the total number of uninsured in the state had increased. Similarly the number of uninsured children increased from 6.1% to 8.6% between 2002 and 2003. MassHealth has been widely recognized as an important factor in the state's ability to keep uninsurance rates in check during the economic downturn of the last two years.

Also, during the reporting period, the Commonwealth has reorganized state government. The Executive Office of Health and Human Services (EOHHS) has become the single state agency responsible for the Medicaid program.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

Maintaining the program given the budget issues has been the greatest challenge during the reporting period.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

MassHealth has been successful in continuing to maintain children's enrollment in the program, and there has been no indication of any significant increase in the rate of uninsurance in children.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

The budget crisis is expected to continue into the next year and MassHealth will take steps to slow the growth of the MassHealth program's costs. However, MassHealth does not anticipate any significant changes to the SCHIP program in FFY05.